

GHG Reduction Projects Grant Program Invoicing Guide

GHG Reduction Projects grants will be paid by reimbursement. Reimbursement request will be submitted and processed as needed. Please note that invoices will not be paid if there is an outstanding issue with the quarterly reporting. It is anticipated that reimbursement will be made to the grantee within 30 days of receipt of invoices.

To be reimbursed for grant expenditures, the grantee will need to submit the Invoice Cover Page (page 2) with all necessary invoicing documents to the Delaware Energy Office.

Invoice request can be submitted by email to crystal.nagyiski@state.de.us or by mail to:

Delaware Energy Office
Attn: Crystal Nagyiski
1203 College Park Drive, Suite 101
Dover, DE 19904

The Invoice Cover Page includes the following information to be completed:

- Contact information
- Federal Tax Id
- Grant number (located at the top of the grant contract)
- Date of request
- Amount of request
- Current expenditures & cumulative expenditures to date
- Grantee Invoice (please list all contractor/vendor invoices on grantee invoice)

The grantee shall invoice for all completed work under the grant. This includes contractor payments and materials purchased. The grantee must provide documentation to support the invoice request.

Examples of supporting documentation include:

- Administration costs-Please create a spreadsheet that includes: Personnel and fringe costs- *spreadsheet should contain salary information, name of employee, percent of time applied to grant, number of hours and fringe benefits applied to that person, and time worked within that invoice period.*

Only needed if invoicing for approved personnel costs

- Contractual-Contractor invoices and documentation of purchased items. Grantee will verify contractor's invoice prior to sending reimbursement request.
- Materials/Equipment-Receipts and paid invoices for project materials or equipment purchased by the grantee.

GHG Reduction Projects Invoice Cover Page

Contact Information

Grantee Name: _____ Tax ID # _____
Address: _____ Grant # _____
City, State, Zip Code: _____

Request Information

Date of Request: _____ Amount Requested: \$ _____
Invoice Period: _____ - _____

Status of Funding:

1. Total Grant Award: \$ _____
2. Disbursement to Date: \$ _____
3. Grant Amount Requested: \$ _____
4. Balance of Grant Remaining: \$ _____

Please use the following checklist to verify that all documentation is included:

- ✓ Grantee Invoice
- ✓ Supporting invoices and receipts
- ✓ Administration spreadsheet